

Date of Request _____

REQUEST TO RESOLVE QUESTIONABLE QUARTERS OF COVERAGE (QC)

Complete the information below when the QC array contains either a (#) pound sign or code "Z" prior to 1978. Mail the form and a copy of the system's printout to the Social Security Administration, PO Box 17750, Baltimore, MD. 21235-0001.

Print
Name: _____
Last First MI

SSN _____-_____-_____
Date of Birth _____-_____-_____
MM DD YY

Request Years

19____, 19____, 19____, 19____, 19____, 19____,
19____, 19____, 19____, 19____, 19____, 19____,

OR

19____ thru 19____ 19____ thru 19____ 19____ thru 19____

State's Name & Address

Contact Person's Name

&

Telephone Number

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.